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May 7, 2019

FILED VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW, Room TW-B204
Washington, DC 20554

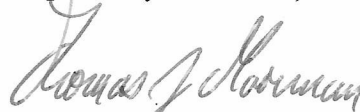
Re: WC Docket No. 16-233
FCC Form 395
Common Carrier Annual Employment Report
Ligtel Communications, Inc.

Dear Ms. Dortch:

On behalf of Ligtel Communications, Inc. (the "Company"), attached for filing please find the Company's FCC Form 395 -- Common Carrier Annual Employment Report.

Should you have any questions concerning this matter, please contact this office.

Respectfully submitted,


Thomas J. Moorman

Attachment

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3050-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent:
Ligtel Communications, Inc.
414 S. Cavin Street
Ligonier, IN 46767

☐ Check here if this
is a change of
address.

2. Year Report Filed
2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)
3/31/2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. ☒ Fewer than 16 (complete Sections I, IV, and V only)
b. ☐ 16 or more (complete all sections)

SECTION II - Full-Time Employees

Job Categories		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispanic or Latino		Not Hispanic or Latino														Total Columns A - N
				Male							Female							
Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races					
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O				
Executive/Senior Level Officials and Managers		1.1													0			
First/Mid-Level Officials and Managers		1.2													0			
Professionals		2													0			
Technicians		3													0			
Sales Workers		4													0			
Administrative Support Workers		5													0			
Craft Workers		6													0			
Operatives		7													0			
Laborers and Helpers		8													0			
Service Workers		9													0			
TOTAL		10	0	0	0	0	0	0	0	0	0	0	0	0	0			
PREVIOUS YEAR TOTAL		11													0			

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Categories	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N	
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 27.321, 23.55, 90.458, 101.4, and 101.344


SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.158, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/07/2019	Typed or Printed Name of Person Signing	Randy Mead	Signature		Telephone No.	(260) 894-7161
Title of Person Signing		EVP/General Manager		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			